UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| | OMB Number: | 3235-0076 | | | | |
|---|--------------------------|---------------|--|--|--|--|
| | Expires: N | /lay 31, 2005 | | | | |
| į | Estimated average burden | | | | | |
| | | onse 16:00 | | | | |

| SEC USE ONLY | | | | | |
|--------------|--------|--|--|--|--|
| Prefix | Serial | | | | |
| | | | | | |
| DATE RE | CEIVED | | | | |
| l ı | 1 | | | | |

| | and the second s |
|--|--|
| Name of Offering (check if this is an amendment and name has changed, and | indicate change.) |
| CHATT HOLDINGS LLC | |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 50 | 06 Section 4(6) ULOE |
| Type of Filing: New Filing Amendment | |
| A. BASIC IDENTIFICAT | |
| 1. Enter the information requested about the issuer | ()1111 (3 500) |
| Name of Issuer (check if this is an amendment and name has changed, and inc | licate change.) |
| CHATT HOLDINGS LLC | |
| Address of Executive Offices (Number and Street, City, State, Zip C | Code) Telephone Number (Including Area Code) |
| 150 East 58th Street, New York, NY 10155 | (212)644-8600 |
| Address of Principal Business Operations (Number and Street, City, State, Zip C | Code) Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Brief Description of Business: Holding company which, through its subsidiarie | es, manufactures and distributes non-powered lawn and |
| garden tools. | |
| Type of Business Organization | |
| corporation limited partnership, already formed | other (please specify): |
| business trust limited partnership, to be formed | limited liability company |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 0 5 0 4 | Actual Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service | ☐ Actual ☐ Estimated PROCESSEI |
| CN for Canada; FN for other foreig | (|
| Civitor Canada, Fix for other foreign | gn jurisdiction) DE 111 1 4 2004 |
| GENERAL INSTRUCTIONS | L |
| Fodoroli | THOMSON C |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/02) 1 of 5



A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Managing Member Full Name (Last name first, if individual) Castle Harlan Partners IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 150 East 58th Street, New York, NY 10155 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) Dell, Richard C. Business or Residence Address (Number and Street, City, State, Zip Code) 465 Railroad Avenue, Camp Hill, PA 17011 ☐ Beneficial Owner Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Greenly, Duane Business or Residence Address (Number and Street, City, State, Zip Code) 465 Railroad Avenue, Camp Hill, PA 17011 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Schuchart, Judy Business or Residence Address (Number and Street, City, State, Zip Code) 465 Railroad Avenue, Camp Hill, PA 17011 Partner Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Executive Officer

Executive Officer

☐ Executive Officer

☐ Director

☐ Director

Partner

Partner

Beneficial Owner

Beneficial Owner

Beneficial Owner

(Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Business or Residence Address

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | ⊠ ⊠ | | | | | |
|---|---|---|--|--|--|---|---|---------------------------------------|---|------------------------------|------------------------------|------------------------------|
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | \$none | | | |
| 3. Does th | ne offering p | permit joint | ownership (| of a single ı | ınit? | | | | | | Yes | No |
| commis a perso states, | ssion or sim n to be liste list the nam | ilar remune ed is an asso se of the bro | ted for each ration for so ciated personated personated for deal forth the inf | olicitation of on or agent er. If more | of purchaser of a broker than five (| s in connect or dealer re (5) persons | tion with sa egistered w to be listed | les of securith the SEC are associa | ities in the and/or with ited persons | offering. If a state or | | |
| Full Name | (Last name | first, if ind | ividual) | | | | | | | | | |
| Business o | r Residence | : Address (N | Number and | Street, City | y, State, Zip | Code) | <u> </u> | | | | | |
| Name of A | ssociated B | Proker or De | ealer | | | | · · · | | | | <u>-</u> | |
| | - | | s Solicited o | | | | | | | | | ☐ All States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| Full Name | (Last name | first, if ind | ividual) | | | | | | | | | |
| Business o | r Residence | e Address (N | Number and | Street, City | y, State, Zip | Code) | | · · · · · · · · · · · · · · · · · · · | | | | |
| Name of A | ssociated B | Broker or De | ealer | <u> </u> | | | | | * | | | |
| States in V | Vhich Perso | n Listed Ha | s Solicited | or Intends t | o Solicit Pu | rchasers | | | | | | |
| | | | lividual Sta | | | | | | | | | |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | (Last name | e first, if ind | ividual) | | | | | | | | | |
| Business o | r Residence | Address (N | Number and | Street, Cit | y, State, Zip | Code) | | | | | | |
| Name of A | Associated E | Broker or De | ealer | | | | | | | | | |
| | | | s Solicited | | | | · | | | | | — ~ |
| (Check "/ [AL] | All States" ([AK] | or check inc [AZ] | lividual Sta [AR] | tes) [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | All States [ID] |
| [IL] | [IN] | [AZ] | [KS] | [KY] | [LA] | [C1] [ME] | [MD] | [MA] | [MI] | [MN]. | [MS] | [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|---|-----------|----------------------------|-------------|--|
| | Type of Security | | Aggregate ffering Price | : | Amount Already Sold |
| | Debt | \$ | | | <u>\$</u> |
| | Equity Common Preferred | \$_ | | | <u>\$</u> _ |
| | Convertible Securities (including warrants) | \$ | | | <u>\$</u> |
| | Partnership Interests | <u>\$</u> | | | <u> </u> |
| | Other (Specify limited liability company interests) | \$ 14,0 | 000,000 | | \$ 13,280,693 |
| | Total | \$ 14,0 | 000,000 | | \$ 13,280,693 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | |
| | | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | <u>11</u> | | | \$ 11,608,019 |
| | Non-accredited Investors | <u>29</u> | | | \$ 1,672,674 |
| 2 | Total (for filings under Rule 504 only) | | | | |
| ٥. | sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | Type of | | Dollar Amount |
| | Type of offering | | Security | | Sold |
| | Rule 505 | | | | |
| | Regulation A | | | | |
| | Rule 504 | | | | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | ******* | | | <u>\$</u> |
| | Printing and Engraving Costs | ••••• | | | <u>\$</u> |
| | Legal Fees | | | | <u>\$</u> |
| | Accounting Fees | | | | <u>\$</u> _ |
| | Engineering Fees | | | | <u>\$</u> |
| | Sales Commissions (specify finders' fees separately) | | | | <u>\$</u> |
| | Other Expenses (identify) | | | \boxtimes | <u>\$_*</u> |
| | Total | | | \boxtimes | <u>\$_*</u> |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer." | - Question 4.a. This difference is the "adjusted | gross | | | | \$ 14 | *000,000 <u>*</u> |
|----|---|--|--------|-------------|--|-------------|-------------|-----------------------|
| • | Indicate below the amount of the adjusted gross proceed the purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above. | s not known, furnish an estimate and check the box | to the | | | | | |
| | Total in response to rait & Queen in a uso re. | | | C Dir | yments to Officers, rectors, & offiliates | | | Payments to Others |
| | Salaries and fees | | | <u>\$</u> | | | | |
| | Purchase of real estate | | | <u> </u> | | | <u>\$</u> _ | |
| | Purchase, rental or leasing and installation of r | nachinery and equipment | | <u> </u> | | | <u>\$</u> | |
| | Construction or leasing of plant buildings and | facilities | | <u> </u> | | | \$ | |
| | Acquisition of other business (including the va offering that may be used in exchange for the | | | • | | | | |
| | issuer pursuant to a merger) | | | <u> </u> | | | <u>\$</u> _ | |
| | Repayment of indebtedness | | | <u> </u> | | | \$_ | |
| | Working capital | | | <u> </u> | | | <u>\$</u> | |
| | Other (specify): | | | <u> </u> | | | <u>\$</u> | |
| | | | | | | | | |
| | Column Totals | | | <u>\$</u> | | \boxtimes | \$ 14 | 4,000,000 |
| | Total Payments Listed (column totals added) | | | \boxtimes | \$ 14,00 | 00,000 | <u>)*</u> | |
| _ | | D. FEDERAL SIGNATURE | | | | | | |
| ig | ne issuer has duly caused this notice to be signed by gnature constitutes an undertaking by the issuer to f formation furnished by the issuer to any non-accredi | urnish to the U.S. Securities and Exchange Com | missio | | | | | |
| | suer (Print or Type) HATT HOLDINGS LLC | Signature / // | | | Date June | ·8 ,2 | 2004 | |
| | ame of Signer (Print or Type) | Executive Officer | | | | | | |

^{*} No offering proceeds will be received. Approximately \$ 14,000,000 aggregate amount of limited liability company interests have been offered in exchange for capital stock of ATT Holding Co.